



OFFICE USE ONLY: Approved by: _____ Date: _____

License No: _____ Amt. Pd: _____ Check No: _____

MANCHESTER HEALTH DEPARTMENT
1528 Elm St., Manchester, NH 03101
Tel: (603) 624-6466, Fax: (603) 628-6004

FOOD SERVICE FACILITY PERMIT APPLICATION

Name of Food Service Facility: _____ Tel #: _____

Address of Facility: _____ Zip: _____ Fax #: _____

Days and Times of Operation: _____

Owner: _____ Mailing Address: _____
(Individual, partnership, Inc., Co., LLC, etc.)

City & State: _____ Zip: _____ Owner's Tel #: _____

Manager: _____ Home Address: _____

City & State: _____ Zip: _____ Home Tel #: _____

Food Safety Seminar or Certification:

Attendee's Name: _____ Name of Program: _____ Date Attended: _____

Seating Capacity: Lounge: _____ Dining Area: _____ Number of seats in smoking area: _____ Number of seats in non-smoking area: _____

Classification of Food Service Facility / Permit Fee

_____ Class I: Restaurants with seating capacity of 100 persons or more; supermarkets..... \$ 500.00

_____ Class I-A: Supermarkets with bulk foods, a salad bar, and/or a food buffet \$ 900.00

_____ Class II: Food-service facility having a seating capacity of greater than twenty-five (25) but less than one hundred (100) persons; bakery warehouse; distributors, nursing homes, commissaries, food processors, markets with less than two preparation areas \$ 300.00

_____ Class III-A: Markets selling only pre-packaged food products, mobile food operations; food service operations having seating capacity of twenty-five (25) persons or less, child day-care facilities \$ 180.00

_____ Class III-B: Clubs incorporated under the Laws of the State or which are affiliated with any national fraternal organization for the sale to member and bona fide quests of liquor \$ 100.00

_____ Class V: Non-profit organizations not holding a liquor permit and not serving meals on a daily basis; public and parochial school and institutions; and government facilities..... No fee

_____ **Renewal Late Fee:** In addition to the above, for any renewal permit received after the tenth day of the month following date of expiration..... \$ 25.00

SIGNATURE: _____ **DATE:** _____

LICENSES WILL NOT BE ISSUED UNLESS THIS APPLICATION IS COMPLETELY FILLED OUT